## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10)590, 11) applicant(s)

SERIAL NO.

FILING DATE

8-18-06

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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